

## 1. 5010.

- All comments regarding the standards themselves have been reviewed and responded to by X12. There were NO ‘catastrophic’ issues identified.
- OESS appears to be “on target for end of December Rule.” No official definition for what that means. Rumor has it there will be a final rule completed by the end of December released/published in January 23, 2009 Federal Register.

Transactions define not only the message, by default they define the data set.

## 2. ICD-10

- Issues seemed to be with dates, not with the migration itself.
- Requests for ONE ‘authorized’ crosswalk between ICD-10 and ICD-9 or ICD-9 to ICD-10. Not sure how that could be done, but it seems to make sense for some purposes, i.e., DRG groupers, broad categorizations reporting, etc.

## 3. AHCCCS Claim Attachment Project [Unsolicited 275]

AHCCCS has started the process for a Claim Attachment Pilot.

- Scope for this pilot is limited to the Unsolicited 275 [provider knows AHCCCS needs the information for claim payment]
- Started:
  - Analysis and design
    1. Trading partners will submit 275, either with the claim or separate from the claim submission
    2. Trading partners will ‘upload’ the attachment via a web portal
  - Specifications
  - Outreach to trading partners

## 4. American Health Information Community [AHIC]

2009 Use Case Update:

- Public feedback for the following Extension/Gap documents due is back to ONC by 5pm on Friday, November 14th, 2008.
  - Consumer Adverse Event Reporting
  - **Medical Home and Care Coordination,**
  - **Long Term Care - Assessments, and**
  - **Prior-Authorization for Treatment, Payment, and Operations**
- Public feedback for the following Extension/Gap document is due is back to ONC by 5pm on Friday, November 21st, 2008
  - **Maternal and Child Health**
- 2009 “Set 2” Extension/Gap Documents in development [at HITSP]
  - Newborn Screening Use Case
  - Scheduling Extension/Gap

- 2009 “Set 1” Extension/Gap Documents in development [at HITSP]
  - General Laboratory Orders
  - Order Sets
  - Clinical Encounter Notes
  - Common Device Connectivity
  - Medication Gaps

## 5. CAQH – CORE

- Phase I Rules: [270/271]
  1. Batch Acknowledgements
  2. Realtime Acknowledgements
  3. Companion Guide
  4. Connectivity
  5. 270/271 Data Content
  6. Batch Response Time
  7. Realtime Response Time
  8. System Availability
- Phase II Rules: [270/271 & 276/277]
  9. 270/271 – added patient liability information, copay and coinsurance, and 39 additional service types. Becomes an intelligent request and response.
  10. Connectivity Rule enhanced [Safe Harbor Connectivity Rule]
    - Normalizing Patient Last Name
    - Use of AAA Error Codes for Reporting Errors in Subscriber/Patient Ids and Names
  11. 276/277 - application of Phase I infrastructure rules to the 276/277 claims status transactions, including rules for real-time and batch response times, system availability, connectivity, and acknowledgements.

CORE Phase I and II are included in all HITSP constructs.

## 6. Organization for the Advancement of Structured Information Standards [OASIS]

Two specifications were approved as OASIS Standards on 1 November 2008:

1. OASIS Emergency Data Exchange Language (EDXL) Hospital AVailability Exchange (HAVE) Version 1.0
2. OASIS Emergency Data Exchange Language Resource Messaging (EDXL-RM) 1.0

OASIS Standards are used in HITSP constructs.